

## General

### Title

Inpatient utilization—general hospital/acute care: summary of utilization of acute inpatient care and services in the following categories: Total Inpatient, Maternity, Surgery, and Medicine.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Related Health Care Delivery Measures: Use of Services

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure summarizes utilization of acute inpatient care and services in the following categories:

- Total inpatient
- Maternity
- Surgery
- Medicine

### Rationale

Measures in the HEDIS Use of Services domain gather information about how organizations manage the provision of member care and how they use and manage resources. Use of services is affected by many member characteristics, which can vary greatly among organizations, and include age and sex, current medical condition, socioeconomic status and regional practice patterns (Medicare Payment Advisory Commission [MedPAC], 2007).

This measure assesses the extent to which the organization's members receive inpatient hospital treatment because of pregnancy and childbirth, for surgery or for nonsurgical medical treatment.

The organization reports how many hospital stays occurred during the measurement year and the length of hospitalization.

## Evidence for Rationale

Medicare Payment Advisory Commission (MedPAC). Report to congress: promoting greater efficiency in Medicare. Medicare Payment Advisory Commission (MedPAC); 2007.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Primary Health Components

Inpatient utilization; acute care; maternity; surgery; medicine

## Denominator Description

For commercial, Medicaid, and Medicare product lines, all member months for the measurement year, stratified by age (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

All days associated with the identified discharges for total inpatient, maternity, surgery, and medicine (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

### Additional Information Supporting Need for the Measure

Unspecified

### Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory

panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Hospital Inpatient

Managed Care Plans

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Unspecified

### Target Population Age

All ages

### Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

National Quality Strategy Priority

## Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Not within an IOM Care Need

IOM Domain

Not within an IOM Domain

## Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

For commercial, Medicaid, and Medicare product lines, all member months for the measurement year, stratified by age. Refer to *Specific Instructions for Utilization Tables* in the original measure documentation for more information.

Note:

Maternity rates are reported per 1,000 male and per 1,000 female total member months in order to capture deliveries as a

percentage of the total inpatient discharges.  
The Maternity category is calculated using member months for members 10 to 64 years.

## Exclusions

### Unspecified

## Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

All acute inpatient stays with a discharge date on or between January 1 and December 31 of the measurement year. Count all days associated with the identified discharges. Report days for total inpatient, maternity, surgery, and medicine. Calculate average length of stay for total inpatient, maternity, surgery, and medicine.

To identify acute inpatient discharges:

- Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set)

- Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set)

- Identify the discharge date for the stay

Report total inpatient using all discharges identified.

Report maternity, surgery, and medicine using Medicare-severity diagnosis-related groups (MS-DRGs). For organizations that use DRGs, categorize each discharge as maternity, surgery or medicine.

- Maternity (Maternity MS-DRG Value Set). A delivery is not required for inclusion in the *Maternity* category; any maternity-related stay is included. Include birthing center deliveries and count them as one day of stay.

- Surgery (Surgery MS-DRG Value Set)

- Medicine:

  - Medicine MS-DRG Value Set

  - Newborns/Neonates MS-DRG Value Set. Only report newborn care rendered if the baby is discharged home from delivery and is subsequently rehospitalized

If the organization does not use MS-DRGs, use the following to categorize discharges:

- Report Maternity.* A delivery is not required for inclusion in the *Maternity* category; any maternity-related stay is included. Include birthing center deliveries and count them as one day of stay. Starting with all discharges identified, identify maternity using either of the following:

  - A maternity-related principal diagnosis (Maternity Diagnosis Value Set)

  - A maternity-related stay (Maternity Value Set)

- Report Surgery.* From discharges remaining after removing maternity from total inpatient, identify surgery (Surgery Value Set).

- Report Medicine.* Categorize as medicine the discharges remaining after removing maternity and surgery from total inpatient.

Note: Refer to the original measure documentation for additional information and steps to identify the numerator.

## Exclusions

- Exclude discharges with a principal diagnosis of mental health or chemical dependency (Mental and

Behavioral Disorders Value Set), a principal diagnosis of live-born infant (Deliveries Infant Record Value Set) or an MS-DRG for mental health, chemical dependency or rehabilitation (IPU Exclusions MS-DRG Value Set).

Exclude newborn care (Newborns/Neonates MS-DRG Value Set) rendered from birth to discharge home from delivery.

#### Value Set Information

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## Numerator Search Strategy

Institutionalization

## Data Source

Administrative clinical data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Ratio

## Interpretation of Score

Does not apply to this measure (i.e., there is no pre-defined preference for the measure score)

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial—by product or combined HMO/POS, total Medicaid, Medicaid/Medicare dual-eligibles, Medicaid-disabled, Medicaid-other low income, and Medicare product lines.

Measure results are stratified by age.

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Inpatient utilization—general hospital/acute care (IPU).

### Measure Collection Name

HEDIS 2016: Health Plan Collection

### Measure Set Name

Utilization and Risk Adjusted Utilization

### Measure Subset Name

Utilization

### Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

### Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

### Funding Source(s)

Unspecified

### Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

### Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents

The following is available:

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street,



## NQMC Status

This NQMC summary was completed by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

This NQMC summary was updated by ECRI Institute on February 8, 2010 and on June 8, 2011.

This NQMC summary was retrofitted into the new template on July 4, 2011.

This NQMC summary was updated by ECRI Institute on October 5, 2012, August 5, 2013, March 3, 2014, April 10, 2015, and again on March 29, 2016.

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## Production

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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